

DEC 06 2005

Atty Docket No. 082416-000400US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Steven J. Mottola

Group Art Unit 2817

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Steven J. Mottola**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Mamoru Tsunuya, Application No. 10/713,140, filed November 13, 2003 for AMPLIFYING CIRCUIT, NOISE REDUCING APPARATUS AND POWER CONVERTING APPARATUS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time
3. Amendment

Number of pages being transmitted, including this page: 11

Dated: December 6, 2005


Jeanette Olivera

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PTO/SB/21 (08-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/713,140
		Filing Date	November 13, 2003
		First Named Inventor	Tsuruya, Mamoru
		Art Unit	2817
		Examiner Name	Steven J. Mottola
Total Number of Pages in This Submission	10	Attorney Docket Number	082416-000400US

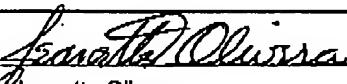
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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